

STATE OF MARYLAND DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING REAL ESTATE COMMISSION OF MARYLAND

1100 N. EUTAW STREET, ROOM 121 BALTIMORE, MD 21201

MREC e-mail dlmrec-dllr@maryland.gov http://www.labor.maryland.gov/license/mrec/ (410) 230-6200 /TTY users call Maryland Relay Service 1-800-735-2258

FEE MUST BE REMITTED BY CHECK OR MONEY ORDER ONLY MADE PAYABLE TO MARYLAND REAL ESTATE COMMISSION DO NOT SEND CASH OR CREDIT CARD INFO

DO NOT WRITE IN THIS SPACE				
Date Rec'd				
Lic. Reg. Cert No				
Certified By				
License Fee				
Guaranty Fund Fee				
Total Fee \$				
CK () MO ()				

DOTO		COREDIT CIRED IN C		CK()MO()
CURRENT LICENSE		MARYLAND APPLICAT TIONAL ASSOCIATE B		E
the Annotated Code of	Maryland, Business (eby certify that I have	r a second or additional Real Est Occupations and Professions, Tit read and understand the Law ind	le 17, Sections 17-101 th	ru 17-702, with which I am
	ASS	OCIATE BROKER LICENSII LICENS		DNAL
	(add	Biennial \$20.00 Guaranty Fee if never l	\$110.00 held a license in this cate	egory)
Name (Please print in fu	ıll)	MIDDLE	LAST	
Broker's Personal Name				
Trade Name	FIRST	MIDDLE	LAST	
	(COMPA	NY AFFILIATING WITH)		
Main Office Address		STREET OR RURAL R	OUTE	
CITY	COUNTY	STATE	ZIP CODE	TELEPHONE/FAX NUMBER
1. A. State character of Character of Busin		n you have been engaged or empl n – To <u>City</u>	oyed in during the past fi <u>Location</u>	ve (5) years: <u>State</u>
		a have been affiliated with – or it such names and addresses.	f you were engaged in rea	l estate business for yourself
Name		Address		
Name		Address		

COMPLETE REVERSE SIDE

Name __

_____ Address _

2. Do you understand the dutie	es and obligations of an agent to his principal	broker?Y	ESNO	
3. Do you own directly or indi	rectly or in combination with other associate	brokers or salesp	person more than 50% of a real estate business?	
	u answered Yes, attach a separate sheet with re affiliated with, and the percent of ownersh		individuals with interest in the business, the type of my corporation.	
	TE LICENSE IN ANY OTHER STATE?YI PAPER AND ATTACH IF MORE SPACE IS NEEDED		IF "YES", IN WHAT CAPACITY? LIST OTHER	
LICENSE NO.	State	EXPIRATIO	ON DATE	
LICENSE No.	State	EXPIRATIO	ON DATE	
LICENSE No.	State	EXPIRATIO	ON DATE	
1. Have you ever been convict	SINCE ISSUANCE OF YOUR LAST ORD ed of a felony or misdemeanor in any State of	or Federal Court?	ISE OR LAST RENEWAL: Yes No If you answered r indicating you have made him/her aware of your	
record.				
	tate license denied, suspended or revoked by you answered "YES", give details in a separa		other state, including the District of Columbia? attach hereto.	
	E RELEASE OF ANY INFORMATION IN T		IN IS TRUE TO THE BEST OF MY KNOWLEDGE TON TO AN AUTHORIZED REPRESENTATIVE	
SIGNATURE OF APPLICANT	DATE OF BIRTH	PLACE OF BIRT	TH (CITY&STATE) SOCIAL SECURITY NUMBER	-
HOME ADDRESS OF APPLICANT	NUMBER & STREET		TELEPHONE /FAX NUMBER	-
CITY	COUNTY	STATE	ZIP CODE	-
DATE OF APPLICATION	PRIVATE EMAIL ADDRESS (RE	EQUIRED)	PUBLIC EMAIL ADDRESS	-
I HEREBY CERTIFY THAT AP	PLICANT WILL BE LICENSED THROUGH	THE UNDERSIG	NED BROKER:	
SIGNATURE OF BROKER C	NLY		DATE	
BROKER'S LICENSE RE	G. CERT. NO.			
BRANCH OFFICE SUFFI	X NUMBER (IF APPLICABLE)			
BEFORE MAILING	:			
* REVIEW YOUR	R APPLICATION. INCOMPLETE APPLI	CATIONS WILL	BE RETURNED.	
* CONFIRM THAT T	HE CORRECT FEE IS ATTACHED.			

 * CONFIRM THAT YOU HAVE A LETTER OF NO CONFLICT FROM BOTH (ALL) BROKERS FOR WHICH YOU HOLD A LICENSE ON THE

ADDITIONAL ASSOC BROKER APPLICATION – PAGE 2 $\,$

COMPANY LETTER HEAD.